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# Accrediting the MD Programme in Sultan Qaboos University: Process, Earned Benefits, and Lessons Learned

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## Abstract

The MD Programme of the College of Medicine and Health Sciences, Sultan Qaboos University, has been accredited recently. The College has been preparing for this event for more than ten years and wishes to share its experience with other regional medical colleges. The process of accreditation *per se* took less than three years to complete and most of the time was spent to prepare for the process; to build-up capacity in addition to implementing curricular reforms and other requirements that were needed to comply with accreditation standards. In the end of this exercise, the College has earned many benefits as well as learned some lessons. This article describes the most notable activities and events and discusses how the College responded to the challenges posed.

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## 1. Introduction

In November 2013, the MD Programme of College of Medicine and Health Sciences (COMHS) at Sultan Qaboos University (SQU) was accredited for a ten-year period (on its first attempt) by the Association for Medical Education in the Eastern Mediterranean Region (AMEEMR) in association with and in accordance with the standards of the World Federation for Medical Education (WFME). The accreditation decision was made on the basis that the MD Programme

complies with the WFME's Basic and Quality Development Standards. It is noteworthy to mention, in this respect, that “Quality Development Standards” are considered by the WFME as best practice, thus, the accreditation decision granted a distinguished status to the COMHS' MD Programme.

### 1.1. Purpose of academic accreditation

In medical education, the question of quality was first raised in the USA by the Carnegie Foundation for the Advancement of Education who delegated Abraham Flexner to conduct a study on the status of medical education; Flexner Report was published in 1910.<sup>1</sup> In 1942, the accrediting agency for the U.S. and Canadian medical education programmes i.e. the Liaison Committee on Medical Education (LCME) was founded

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after a meeting of leaders of the Association of American Medical Colleges and the American Medical Association. Its mission was to assure the quality of medical education. Notably, the founding meeting between the two organizations expressed a concern over the ‘social responsibility’ of medical education and the importance of translating it into ‘standards of accreditation’ that protect educational quality and foster its improvement.<sup>2</sup> Thus, the process of accreditation was introduced as an instrument of quality assurance and improvement to encourage and assist medical colleges to evaluate their educational programmes.

Currently, the issue of quality assurance and improvement is becoming more pertinent taking the form of accreditation due to the being witnessed large increase in the number of medical colleges (public and private) of which some are of dubious quality and due to the wave of globalization which eases exchange of faculty and students, enhances cross-border education and facilitates communication. These effects further accentuated the need to define minimum criteria for accepting a medical education provider.<sup>3</sup> In addition, there is a public demand to ensure that a medical college actually provides what it claims to provide so that it fulfills the expectations of society for quality education; a factor that further empowered accrediting agencies with more perceptible authority.<sup>4</sup>

However, accreditation is not all about “accountability” as it infers a value-added benefit by recognizing those colleges that meet the accepted minimum standards or those who exceed the minimum requirements and attain academic excellence.

### 1.2. Why the COMHS sought accreditation of its MD Programme?

SQU COMHS pursued to accredit its MD Programme for many reasons. Primarily, however, the College needed to identify areas of improvement as well as areas of strength in its structure and performance. Additionally, the College sought to: (1) *Acquire a certification of professional competence*. The belief that initially motivated the College to pursue accreditation was that, if the College believes that it is providing quality medical education, then there is no reason for it to conceal from public scrutiny and evaluation! The society demands attaining professional accreditation standards to satisfy entry level requirements for any acceptable medical education programme, and it perceives a college which delivers an accredited MD Programme as one that meets the minimum accepted level of professional competence; whereas, a programme from an un-accredited college is considered as one that weakens

the options of graduates’ pursuit of employment and career development. (2) *Obtain a proof of excellence in some areas, if applicable*. An accredited programme that exceeds minimum standards and satisfies “best practice” criteria may not necessarily be guaranteed success. However, such an attainment presents a testimony of excellence to the general public and peers. The COMHS believed in its MD Programme performance as one with many merits that deserved to be acknowledged by public independent evaluation as “best practices”. (3) *Be committed to continuous improvement*. The accreditation process persuades an institution to be committed to improvement by explicit as well as implicit means. For example, the process itself requires periodic evaluation; self-studies mandate commitment to continuous improvement; peer evaluation helps to establish a communication network that assists institutions to reach their full potential; periodic reviews and reports prevent academic stagnation. In addition, the College through constructive self-criticism will maintain the vitality of its MD Programme. (4) *Guarantee societal reliability*. The College elected to communicate to the society its accreditation to enhance its institutional integrity and reliability in terms of human resources capabilities, policies, physical facilities etc. Accreditation requires that adequate standards be met in all these areas. Accredited programmes confirm that they treat staff and students with respect and dignity. Programmes that are accredited follow established principles of management and provide safe and adequate facilities commensurate with their educational purposes. And (5) *boost institutional ownership among its staff and students*. The College envisioned that the accreditation endeavour, as planned, would boost institutional ownership among staff and students, which may reflect on stronger loyalty and, hence, improved performance. Since accrediting the College was of value and benefit to all staff and students, this was taken as an opportunity to solicit and enlist support and solidarity of all staff and students.

### 1.3. COMHS at a glance

For comparison purposes, it is of value, to other regional colleges who want to benefit from our experience, to describe in a glance, some of the College’s relevant information to show its scope, staff, MD Programme history, teaching and support facilities etc. since these were important to the evaluation process.

#### 1.3.1. Background information

The COMHS was one of the first five colleges that started with inauguration of SQU in 1986. At present, SQU comprises nine colleges and, so far, is the only

public university in Oman. At present, two academic programmes are offered by the College *viz.* the Doctor of Medicine (MD) and the Bachelor in Medical Laboratory Sciences [BSc (MLS)]. The College management is based on an administrative pyramidal hierarchy with specialized personnel and administrative units led by the Dean as the Chief Executive Officer of the College. The College Board is chaired by the Dean, includes all heads of departments as members and is the supreme authority of the College.

### 1.3.2. Staff

The College employs 75 academics (of whom 25 are clinical) and there are 329 affiliated clinical teachers (176 in SQU Hospital and 153 in affiliated hospitals and health centres). All share the responsibility of delivering the College's educational mission. The academic staff is supported by 41 administrative staff. The technical staff of the College is 49, and there are another nine staff designated as research assistants or associate researchers. SQUH administrative and technical staff jointly supports the clinical component of service/teaching activities as required.

### 1.3.3. Student intake capacity

The College intake capacity has consistently increased over the years. Currently and since 2003, the College has been conscious to maintain its annual intake of the MD Programme at around 120–130 students. No further increase is planned in the near future due to limitation of teaching space and the number of hospital beds available for students' clinical teaching.

### 1.3.4. The MD Programme

The College MD Programme was reformed in 2008 with a "New Curriculum". Prior to this, the MD Programme was delivered by the "Old Curriculum" which comprised two degrees *viz.* BSc (Health Sciences) and MD. The former degree was awarded after successfully completing a 4-year educational programme and was a prerequisite to the MD Degree which required an additional three years of clinical teaching totalling seven years for the MD Degree to be awarded.

The "New Curriculum" is significantly different from the "Old Curriculum" in its design. For example, it requires a minimum of six years (compared to seven years in the "Old Curriculum") to be completed for the MD Degree to be awarded. Furthermore, the BSc (HS) Degree in the "New Curriculum" is offered as an option, rather than a prerequisite. It is so important to state in this context that the curricular reform was initiated in preparation of the accreditation process. The

details of the New Curriculum are available in the Self-Study on this link: [http://web.squ.edu.om/med/Accreditation/SelfStudy2012\\_2013.pdf](http://web.squ.edu.om/med/Accreditation/SelfStudy2012_2013.pdf)

### 1.3.5. Teaching facilities

The College houses adequate physical space in terms of small seminar rooms, lecture halls, experimental and computer laboratories; all of which are equipped with state-of-the-art communication and projection equipment. Other services such as the Medical Library in addition to the central SQU facilities and support services are accessible to the College staff and students. These were enforced with the addition of two significant facilities to its assets; *viz.* the Medical Education Unit (MEU) and the Skills Lab. The MEU leads the educational development activities and its Medical Informatics Section provides technical support to e-learning and online assessment; whereas the Skills Lab which is fully equipped with needed clinical training material to train students prior to bedside teaching.

### 1.3.6. Clinical teaching facilities

The bedside teaching of COMHS students takes place mainly in SQU Hospital (557 beds) and Ministry of Health (MOH) hospitals, namely, Royal Hospital (623 beds), Khoula Hospital (517 beds), Al Nahdha Hospital (116 beds) and Almasarat Hospital (psychiatric hospital). Clinical training is also provided by some other hospitals such as Armed Forces Hospital and Royal Oman Police Hospital. Students' ambulatory rotations are equally divided between 11 MOH health centres in Muscat area and its surroundings in addition to SQUH Family Medicine and Public Health Centre.

## 2. The College pursuit of accreditation

The College success in getting its MD Programme accredited was a result of a systematic and extensive process of institutive planned actions that aimed at preparing the College portfolio to conform to accreditation requirements in full prior to starting the process itself. After the preparatory actions were completed, the accreditation process was begun. For explanatory purposes, College engagement over that period of time is grouped under three distinct stages: (1) Preparing for accreditation stage, (2) the self-study compilation stage, and (3) "Receiving the Site Visit" stage. Each of these stages will be briefly discussed below.

## 2.1. Stage 1: Preparing for accreditation

### 2.1.1. Reforming the curriculum

In September 2000, the medical college decided to reform its MD Degree Curriculum. The reform process was not restricted to contents and pedagogic strategy; but also areas such as tutor development, improving educational resources, adopting an assessment policy and optimizing curriculum management, and, adopting a process of continuous development. Also, it was emphasized that the curricular philosophy, structure and contents should meet contemporary demands, of which accreditation was one. Therefore, accreditation *per se*, as a target, was put in sight during the construction of the “new curriculum”. This anticipated awareness of accreditation standards steered many other actions and proved to be of immense value to the College pursuit of accreditation.

### 2.1.2. Building-up capacity

Parallel to and as part of the curricular reform, the College was active in building-up its educational capacity to comply with the international standards requirement. Hence, the “Annex Building” was planned to house the nuclei of the Skills Lab, the Computer Labs, the Medical Informatics Section, and later, the establishment of the Medical Education Unit. These facilities were considered instrumental to the implementation of the “new curriculum” which was initiated in 2008. Later, the College Board approved the Assessment Policy in 2009, which constituted an important step towards developing the curriculum.

One of the most important features the new curriculum was the introduction of its management system, which presided the Curriculum Committee (CC), not departments, over the academic leadership of the College educational affairs. This feature together with the close and effective alliance that was made between the CC, the College Examination Committee and the MEU greatly benefitted the implementation process of the curriculum. In particular, it helped in aligning tutor development activities and use of medical informatics with the implementation requisites of the “new curriculum”. Synergistically, in effect, all these factors made the College comply with the most fundamental accreditation requirements. However, “teething” encounters and the continuous need for “continuous” development were (and still are) posing as an ever going challenges.

## 2.2. Stage 2: Self study compilation

(Parts of information provided under this heading was excerpted, with modification, from Albarwani et al.<sup>5</sup> for close relevance to the objective of this article)

### 2.2.1. Choice of the “accreditation team” and identifying stakeholders

Prior to any activity and concurrently with the process of implementing of the “new curriculum”, the College began its focused accreditation pursuit by formulating the “Accreditation and Quality Assurance Committee” as the College advocate in this respect. The composition of the Committee proved to be critical to the accreditation process, a matter that was well realized at the end of the process. The members of the AQMC were nominated after careful consideration. The members comprised staff with varied but harmonized capabilities. They were accomplished basic or clinical scientists who had comprehensive knowledge of the curriculum, clinical teaching setting and the Assessment Policy, among other expertise. They all enjoyed the respect of College staff at large. Their personal traits elegantly bonded them to form a cohesive team. These attributes of the members equipped the Committee with the technical expertise as well as the characters that are most needed to successfully accomplish the Committee's mission and to ensure the collaboration of College and University staff.

To start, the Committee identified the stakeholders and considered College and SQU Hospital staff and students as “owners” who should closely participate in the Committee's work in a timely and appropriate manner. Other identified stakeholders were SQU Administration, MOH hospitals and health centres tutors who share in students' clinical teaching, Oman Medical Specialties Board, the national Research Council and selected members of the Showra and State Councils as well as community at large. All had a say appropriate to their role in delivering the medical education programme.

### 2.2.2. Conforming with the accreditation process requirement

The Committee members were utterly convinced that all their deliberations should be conducted in the highest proficient manner. Hence, it was imperative that all members, prior to any action, should have had gained an in-depth understanding of the accreditation standards and process as well as they should be equally and fully knowledgeable of the requirements to achieve

the Committee's mission. Therefore, the first set of activities of the Committee was directed to gain the required knowledge. Such was planned in more than direction. Firstly, to identify international accrediting agencies of MD Programmes since Oman Academic Accreditation Authority was not engaged in this respect. The search identified the LCME and the WFME. Both agencies were contacted and visited. The conclusion was that the WFME would be our target agency since the LCME stated categorically that they do not evaluate non-USA-based MD Programmes. Secondly, a thorough process focused on mastering the WFME accreditation Standards (available on the following link: [www.wfme.org/standards/bme](http://www.wfme.org/standards/bme)) and procedure that was complemented by obtaining and discussing key publications on accreditation (concept, terminology and procedure). Later, members attended a number of international conferences, workshops and events that were organized by various international accrediting agencies in the Arab World and beyond. Finally, during these encounters, members held face-to-face meetings with officials of all visited accreditation agencies to discuss COMHS-related issues and got their feedback.

By the end of these activities, the Committee members become well acquainted with the accreditation process, standards and requirements. This benefitted the Committee members in more than one way. It acted as an induction exercise and, in addition, it inspired members and made them confident to begin the accreditation process and endure its demanding nature till they successfully complete it. Straightaway afterwards, each member was assigned a task (one or more Area of the WFME Standards) and was delegated to be the focal point of the Committee (and College) on such task.

At this point, the Committee was prepared to focus its effort towards the College and SQUH staff and students being considered as the “owners” and transfers its experience to them, so they can be actively engaged in the process and to support the Committee in achieving its mission. The Accreditation Committee timely and regularly disseminated, as appropriate, the acquired knowledge, with updates on its progress, to all College staff, students and other stakeholders. Table 1 summarizes some of their dissemination activities.

### 2.2.3. Data collection

Concurrent to the above-mentioned exercise, the Committee members started the arduous and tormenting process of collecting the required information for compiling the Self-Study. The fact that the Committee

**Table 1**

List of dissemination activities undertaken by the Accreditation Committee.

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- Periodical reporting to the College Board
  - Distribution of the “Basic Medical Education: WFME Global Standards for Quality Improvement” to HODs and members of CB to make them available to all staff
  - Conducting a “Knowledge Sharing Day” workshop with the participation of all faculty, staff, clinical tutors, students and other stakeholders to discuss the WFME Standards to which HE the VC and the DVCs were invited to discuss relevant issues
  - Conducting another workshop by WFME advisors (who were invited to Oman) to give the opportunity to all faculty/staff/clinical tutors/students to directly interact with WFME advisors
  - Arranging an exclusive meeting of heads of departments and WFME advisors to have through interactive discussions with the WFME advisors
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was preparing, to the first time, the Self-Study of the MD Programme made the process of data collection a cumbersome operation that needed collecting a voluminous amount of information that was neither always available nor complete. Yet, the Committee was utterly determined that, the information contained in the Self-Study should be, in as much as possible, supported by documents and evidence. Hence, the process of collecting information should be conducted with unlimited patience and care.

After a number of interactions with “sources of information” it was clear that a more “closely-interactive” strategy should be developed to make the process more productive and in line with the Committee's expectation. Therefore, the Committee adopted a systematic approach to optimize data collection containing many feedback loops. It turned to be crucial to assign the most suitable member of the Committee – in terms of his or her understanding of the requested information – to keep in contact with identified sources. Checking and rechecking accuracy and comprehensiveness of information was also important.

### 2.2.4. Compiling the Self-Study

Since each Committee member was consigned to one or more area to collect its related information, he or she was also in charge of preparing its initial draft. On receipt of information from each member, and as a routine Committee procedure, the information was verified; discussed and sanctioned. Progressively, a preliminary document of all received information was accumulated, to which College history and other contextual information were added to constitute the initial draft of the whole Self-Study.



Then, the initial draft was circulated to College Board members who were requested to disseminate it to College staff so they provide the Committee with their feedback. The received comments/modification were, again, reviewed, verified; discussed and finally sanctioned by the Committee in a series of cycles to scrutinize it until an “acceptable-to-all” first draft of the Self-Study was compiled.

It may be reiterated at this point, that the Committee members, unequivocally, were committed to produce the final Self-Study to be a comprehensive “portfolio” of the College and the MD Programme. The reason was that, it will be the first ever “internal evaluation” of the current status of the College and, that it should serve as a future reference.

Therefore, the production of the final version of the Self-Study was a rigorous operation that was shared by the Committee members, a number of faculties and the IT staff for art work. All, in an admirable collaborative effort to produce the final Self-Study, shared ensuring a correct language composition, edited the contents and style; in addition, they shared designing the simple art work that was used in the covers and inside the document.

It may be of note to mention that, from the start of preparing the final Self-Study till the end of the accreditation process, the Committee was determined that all decisions should be achieved by consensus of all participants. An approach that later proved to be invaluable to accentuate the College-at-large ownership of the accreditation process, which in the simplest way, instigated the College solidarity, and seeded for the College motto “*Together Towards Accreditation*” which dominated the College working environment during the most needed time and at the apex of the accreditation process.

### 2.3. Issues of particular interest

The accreditation process, in its virtue, audits ‘*all that a college is responsible for in delivering its medical education programme*’; the structure, contents (syllabus), conditions of delivery such as facilities, resources as well as the environment and outcome. Hence, a college should pay extra attention to those issues to which it may be liable in this respect.

Analysis of the WFME Standards identifies three areas that are central to the accreditation process in that respect. These Areas are: Area 2 (Educational Programme), Area 3 (Student Assessment), and Area 7 (Programme Evaluation). These Areas comprise issues such as curricular reform, administration of education

and examination processes, management of the curriculum, faculty development programme, student-centred learning, interdisciplinary teaching, systematized assessment of educational outcomes, and structured clinical skills assessment.

In support of this thought is the early observation of Kassebaum et al.<sup>6</sup> who surveyed databases and Site Visit reports of 90 American medical schools by the LCME between July 1992 and June 1997. The authors highlighted issues like centralizing the design and management of the curriculum, integrating basic and clinical science instruction, conversion to interdisciplinary courses, implementing methods of active, small-group, independent, and hypothesis-based learning and substantially increasing students' exposure to ambulatory and primary care. Therefore, colleges that desire to competently prepare graduates able to competently practice contemporary medicine should include these elements in their educational programme.

Similarly, Kassebaum et al.<sup>7</sup> noticed that areas particularly receive low attention included the definition and communication of educational objectives; faculty authority and control of academic programmes in clinical affiliates and the faculty's commitment to being effective teachers and their understanding of pedagogy, curricular design, and methods of evaluation. Also, among those least frequently addressed issues were assessment of students' problem-solving ability; comparability of educational experiences and student evaluation across dispersed teaching sites; curriculum construction, evaluation of students, control of academic programmes in clinical affiliates and knowledge of the administration and faculty about methods for measuring student performance. The above issues were addressed with full attention during the “Internal Evaluation” and compilation of the Self-Study process.

### 2.4. Stage 3: Receiving the Site Visit

#### 2.4.1. Requesting the Site Visit

Early in the process, the Committee debated the WFME policy of not “accrediting” programmes but their evaluation is to assess a programme status with reference to the WFME Standards and, accordingly, issue a statement of compliance in this respect. However, the WFME stated that if they were to consider the College for accreditation, rather than a certificate of compliance, the “Site Visit” should be conducted in association with the Association of Medical Education of the Eastern-Mediterranean Region (AMEEMR) and it is the College responsibility to request this

arrangement. This suggestion was accepted by the College and it completed the administrative requirement of this task. Eventually, the WFME wrote confirming the dates and initial agenda of the Site Visit. Subsequently, the College started the preparations for receiving the joint Site-Visit which was comprised of five members representing AMEEMR and the WFME.

#### 2.4.2. Preparing for the Site Visit

Once the dates of the Site Visit were announced, and the College received the “Visit” agenda details, the Committee declared a “state of alert!” that was marked by frequent meetings, and more working hours as the zero hour of the Visit approached. Nevertheless, a number of specific measures were taken in this regard such as a “Raising Awareness Campaign,” the collection of the necessary documents, the organization of the logistics of the visit, and the identification of individuals to be interviewed during the visit.

#### 2.4.3. The Raising Awareness Campaign (RAC)

The RAC was seriously planned with the objective that every individual in the College, teaching hospitals and all other stakeholder should be aware and fully knowledgeable of the event, its details and the role they are assigned, if any; no one should be ambiguous about any happening during the event. For this purpose, many measures were taken, the most important of these are shown in Table 2.

#### 2.4.4. Documentation

Since the start of the accreditation process, the Committee was always ardent in collecting the required documentations. However, with the expected Site Visit date approaching, a more rigorous revision of this process was applied. The objective was to review collected documents and to identify, collect and prepare all potentially supplementary documentations that, even remotely, may be requested by the Site Visit Panel. This exercise was substantial and was conducted with eager spirit that all material, even may not be essential, should be thoroughly collected. For example, list of names of all students, faculty staff etc. were made available. Each collected document was scanned (if was not available as a softcopy) and saved on a dedicated computer; CDs of all softcopies were also made available for the Panel members if needed to browse during their free time.

**Table 2**

Activities undertaken to raise awareness of the accreditation process among all stakeholders

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- Printing the Self-Study in copies enough to provide every student, faculty, clinical tutor, administrative staff, all stakeholders etc. with a copy ( 3000 copies were made)
  - The “Campaign Motto” “*Together Towards Accreditation*” was made as routine stamp to all Deanery’s correspondence and emails.
  - The “Campaign Motto” was manufactured in a form of a badge to be worn on by all College and SQUH affiliates ( 2500 badges were made)
  - Preparing dangles and banners to mark the occasion and to encourage people to become involved in the process were put in all College’s halls and walk-paths
  - Recording videos by students and staff explaining their views on the accreditation process and play these on the CCTV of the College
  - Delegating a Committee member to attend all concurrent meetings that took place in the College to explain the details of the Site Visit and its significance to the College community
  - Taking every possible juncture to make the accreditation as the “talk-of-the-time” even though it was a casual interactions in any part of the College and Hospital vicinity
  - The aim of all activities of the campaign was that the whole College and teaching hospitals should be sharing this event as their own
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### 3. Conclusion

Looking back to the years spent to prepare for accreditation and the effort and devotion of all College community, it appears insignificant when compared with the successful end it reached. The benefits earned are manifold and include the following: (1) Through the accreditation process the College came to recognize its strengths as well as to identify the areas of improvement. Compilation the Self-Study gave the College an opportunity, for the first time, to articulate a detailed portfolio. (2) The College has been acknowledged, by external evaluation, that it provides quality medical education. This conclusion authorizes the College to justifiably and truthfully proclaim to students, tutors, potential students and tutors and the community at large that it provides quality medical education and its graduates can confidently pursue employment and career development. (3) The College obtained a proof of excellence in many areas of its MD Programme, if not all, since its performance satisfied the “Quality Development Standards” which are considered as indicators of best practice by the WFME. Such an attainment presents a testimony of excellence to the general public and peers as a pledge of societal reliability. (4) A benefit of great value to the College was boosting institutional ownership among staff and students. This unforeseen outcome of the process is

expected to increase loyalty and, hence, improved performance. (5) The Accreditation Committee members have gained an appreciable experience in the accreditation process and its requirements so that they can act as advisors to other Colleges in the University.

A number of lessons were learned that may benefit others. (1) Any College considering accreditation should ensure the full support of the top management team. The Dean should not lead the accreditation team, but must champion it. (2) The accreditation team composition is fundamental and instrumental to the likelihood of success. The Committee would not ensure certification in areas of non-compliance, but, with the wrong composition, it may undermine the College performance in areas where it excels. (3) The committee approach should be driven with the need to solicit support and empathy from all stakeholders. It should convey the message that it is just a representative and advocate of the programme and it acts as an “agent” not as a “manager” or a “leader” of the process. (4) The Committee members should fully comprehend the Standards requirements to the minute detail. And should, appropriately, pass this knowledge to stakeholders. (5) The Committee should draw a plan on how to meet the requirements prior to initiation of the process including “gap analysis” of non-compliance areas and advise college management on remedial means with timely synchronized operational plan on how the college can be ready to start its accreditation process. (6) If there is no consensus among committee members and programme stakeholders that the college is ready to start the accreditation process and if there is

no strong belief that accreditation will be awarded, never start the process; wait till these conditions are met. (7) Once the process starts, discuss, discuss, and discuss again, again and again at all stages with all concerned with regard to all issues. During the process leave no stone unturned to enlist staff, student and stakeholder support relentlessly and continuously. This is perhaps the most important lesson learned: accreditation will fail without the commitment of all parties involved.

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